



# Border Patrol Agent

## Pre-Employment Fitness Test (PFT-1) Score Sheet

(Please Print)

### CANDIDATE INFORMATION

Last Name	First	M.I.	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number
Date of Birth (MM/DD/YYYY)	Age	Height (inches)	Weight (pounds)	

### INDIVIDUAL TEST RESULTS

#### Sit-Up Test

The candidate completed twenty-five (25) proper form sit-ups in one (1) minute ☐ Yes ☐ No

Enter the # completed in 1-minute \_\_\_\_\_ and **continue** to the **Push-Up Test**

#### Push-Up Test

The candidate completed twenty (20) proper form push-ups in one (1) minute ☐ Yes ☐ No

Enter the # completed in 1-minute \_\_\_\_\_ and **continue** to the **Step Test**

#### 14" Step Test

Candidate completed the 5 minute step test in cadence ☐ Yes ☐ No\* Time stopped: \_\_\_\_\_ minutes \_\_\_\_\_ seconds

\*\*If "No," document the reason on the *Statement Regarding the Border Patrol Agent Fitness Test Failure*.

### CANDIDATE SIGNATURE

I ACKNOWLEDGE THE TEST SUMMARY ABOVE

NAME \_\_\_\_\_ DATE \_\_\_\_\_

### TEST ADMINISTRATOR INFORMATION

Test Date	Test Site Location (City/State)	Print Name	Signature
	Phone Number (xxx-xxx-xxxx)		

### TEST SUMMARY

- ☐ Candidate successfully completed and passed all three (3) fitness test components
- ☐ Candidate failed to complete the following test(s) ☐ Sit-up Test ☐ Push-up Test ☐ Step Test

Candidate Name (Last, First)		Social Security Number (Last 4)
Date of Statement (same as test date)		
<p align="center"><b>Statement Regarding the Border Patrol Agent Fitness Test Failure</b>          (please write legibly and describe all details clearly)</p>		
Sworn Statement: I do so declare under penalty of law this is an accurate and truthful documentation of the circumstances of the CBP Pre-employment Fitness Test battery administered to the candidate named above.		
Test Administrator Signature	Date	Telephone Number

## Appendix B



U.S. Customs and  
Border Protection

### Pre-employment Fitness Test-1 Candidate Health History Questionnaire & Medical Provider Statement

You have been tentatively selected for one of U.S. Customs and Border Protection's physically demanding law enforcement occupations. You must successfully complete the Pre-employment Fitness Test-1 (PFT-1) in order to have continued consideration for this position. The PFT-1 requirements are attached for your review.

**Instructions:** You must complete the following health screening questionnaire and bring it with you to your PFT-1 appointment. **You will not be allowed to participate in the PFT-1 without this signed form.** The answers provided will be reviewed to determine your eligibility to participate in the PFT-1. Please read carefully and respond to each question below.

**Yes    No**

- ☐ ☐ 1. Has your medical provider told you that you have a heart problem or other condition that limits your activity?
- ☐ ☐ 2. In the last 6 months, have you had palpitations (fluttering sensations of the heart), pain, tightness or pressure in your chest while at rest or when you do physical activity/work/exercise?
- ☐ ☐ 3. Have you ever become lightheaded or dizzy, passed out, or nearly passed out during or after exercise?
- ☐ ☐ 4. Do you have a bone or joint problem that is made worse by performing physical activity/exercise or could become worse by participating in the PFT-1?
- ☐ ☐ 5. Do you take any prescribed or over the counter medications that may preclude or affect your ability to take the PFT-1?
- ☐ ☐ 6. Do you know of any other reason (medical/physical problem, condition or impairment) that may preclude or affect your ability to take the PFT-1?

**If you answered "yes" to any questions above, take the PFT-1 Screening & Medical Provider Statement forms to your medical provider for their approval prior to your fitness test appointment.** Your medical provider will need to review your health history, PFT-1 screening responses, and the PFT-1 requirements to determine your ability to participate in the PFT-1. If you answered "no", be prepared to participate in the PFT-1 after scheduling your appointment.

By signing below I acknowledge that the information provided above is accurate.

\_\_\_\_\_  
Candidate's Printed Name

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Applicant ID

FOR USE BY FITNESS TEST ADMINISTRATOR ONLY

\_\_\_\_\_  
Date

\_\_\_\_\_  
Test Administrator Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Participation Approved/Denied

## Appendix B



U.S. Customs and  
Border Protection

### Medical Provider Statement

Dear Provider,

Please review the Fitness Test Requirements for the appropriate position below, and certify whether or not the candidate is cleared to participate.

Candidate's Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Applicant ID: \_\_\_\_\_

#### Pre-Employment Fitness Test Requirements

Border Patrol Agent	<ul style="list-style-type: none"><li>• 25 sit-ups in 60 seconds</li><li>• 20 push-ups in 60 seconds</li><li>• Cadence of 120 steps per minute for five (5) minutes on a bench fourteen (14) inches in height</li></ul>
Customs and Border Protection Officer	<ul style="list-style-type: none"><li>• 20 sit-ups in 60 seconds</li><li>• 12 push-ups in 60 seconds</li><li>• Cadence of 120 steps per minute for five (5) minutes on a bench twelve (12) inches in height</li></ul>
Air & Marine Positions (AEA, AIA, MIA)	<ul style="list-style-type: none"><li>• 20 sit-ups in 60 seconds</li><li>• 12 push-ups in 60 seconds</li><li>• Cadence of 120 steps per minute for five (5) minutes on a bench twelve (12) inches in height</li></ul>

#### Provider Certification

I have reviewed the candidate's health history questionnaire responses and the fitness test requirements and give the following opinion:	
<input type="checkbox"/> CLEARED TO SAFELY PARTICIPATE IN THE PFT-1	
<input type="checkbox"/> NOT CLEARED TO SAFELY PARTICIPATE IN THE PFT-1	
Medical Provider's Printed Name/Specialty:	Medical Provider's Signature:
Office Address:	Telephone Number:
Date:	Fax Number:

If your medical provider determines that you cannot safely participate in the required fitness test, please email the PFT-1 Screening and the Medical Provider Statement form to [CBPHiringMedFitAppt@cbp.dhs.gov](mailto:CBPHiringMedFitAppt@cbp.dhs.gov)

## Appendix C

### Border Patrol Agent Candidate Waiver and Release of Liability

I, \_\_\_\_\_ (print full legal name), a candidate for a physically demanding position with U.S. Customs and Border Protection (CBP), certify and declare that I am currently engaged in a regular physical exercise program and can complete CBP's Border Patrol Agent (BPA) Pre-employment Fitness Test-1 without harm to myself. I understand that the BPA PFT-1 consists of three tests: (1) sit-up test, 25 proper form sit-ups in 60 seconds; (2) push-up test, 20 proper form push-ups in 60 seconds; and (3) step test in which I must continuously step in cadence at 120 beats per minute for 5 minutes. I further understand that the purpose of the PFT is to measure my general level of physical fitness and my present ability to safely and successfully complete Border Patrol Agent basic training. I understand that I must successfully pass each component of the PFT-1.

List any health or physical problems that could, in any way, cause danger to you during physical exercise or elevate the risk factors associated with physical exertion.

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(Use back if additional space is required.)

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I acknowledge that there are risks inherent with any physical activity and understand that it is my responsibility to notify testing personnel of any known pre-existing conditions that might, in any way, adversely affect my ability or safety during the PFT-1. Furthermore, I understand that it is **my responsibility** to monitor individual physical performance during the physical activities and testing and to immediately stop and notify the Test Administrators administering the testing should any unusual or adverse reactions be experienced.

Understanding the risks inherent with the physical activities that are part of the PFT-1 and in consideration of being permitted to participate in the above-identified events comprising the PFT-1, I hereby assume for myself and my guardians, heirs, executors, administrators, and assigns all risks, whether currently known or unknown, associated with and arising out of my participation or execution of the events comprising the PFT-1. Further, I hereby release, waive, discharge, and relinquish any causes of action, which may arise for myself and my estate, and agree that under no circumstances will I or my guardians, heirs, executors, administrators, and assigns prosecute or present any claim for personal injury, property damage, or wrongful death against the U.S. Government, U.S. Customs and Border Protection, the test administration facilities, or any of the officers, agents, or employees thereof for any causes of action, whether the same shall arise by the negligence of any of said persons or otherwise.

By my signature, I acknowledge that I have read the foregoing certification, waiver, and release in its entirety; that I understand fully the contents thereof; that I have been completely advised of the potential dangers incident to engaging in the PFT-1; and that I am fully aware of the legal consequences of signing this instrument.

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Candidate's Signature

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Date

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Witness' Signature

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Date

## Appendix D

Border Patrol Agent  
**PRE-EMPLOYMENT FITNESS TEST (PFT-1)  
INJURY/ACCIDENT/INCIDENT REPORT FORM**

☐ Testing Discontinued

**Reasons:**

- ☐ Candidate injured him/herself during testing  
☐ Other incident detailed below

Date of Incident: \_\_\_\_\_

Time: \_\_\_\_\_AM/PM

Name of candidate: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Testing Location: \_\_\_\_\_

Test Administrator's Name(s): \_\_\_\_\_

Indicate specific test being administered at the time of incident: \_\_\_\_\_

Type of injury/accident/incident: \_\_\_\_\_

Details of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Details of immediate care provided to the candidate:

\_\_\_\_\_

\_\_\_\_\_

Injury required hospital visit? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of physician/hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

Signature of Test Administrator \_\_\_\_\_ Date \_\_\_\_\_

Provide electronically to Program Manager and submit to CBP within 24 hours of the incident.